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PTO/SB/22 (08-03)

10	MAIN 00-						
TITIO	N FOF	EXTENSION OF	TIME UNDER 37 C	FR 1.136(a)	Docket Number (Optional) 080309-000000US		
-			In re Application of	HORST LINDH	IOFER et al.		
			Application Number 09/094,921		Filed June 15, 1998		
					(VIVO IMMUNIZATION USING HETEROLOGOUS FIC AND/OR TRISPECIFIC ANTIBODIES		
			Art Unit 1642	E	xaminer Holleran, Anne L.		
This is a rapplicatio		under the provisions	of 37 CFR 1.136(a) to	extend the pe	eriod for filing a reply in the ab	ove identified	
The reque	ested ex	tension and appropri	ate non-small-entity for	ee are as follov	vs (check time period desired) :	
		One month (37 CFR	1.17(a)(1))		\$		
		Two months (37 CF	R 1.17(a)(2))		\$		
	\boxtimes	Three months (37 C	FR 1.17(a)(3))		\$950		
		Four months (37 CF	R 1.17(a)(4))		\$		
		Five months (37 CF	R 1.17(a)(5))		\$		
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.						
	A check in the amount of the fee is enclosed.						
	Paym	ayment by credit card. Form PTO-2038 is attached.					
	☐ The Director has already been authorized to charge fees in this application to a Deposit Account.						
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.						
	I have	enclosed a duplicate	copy of this sheet.				
I am the applicant/inv		applicant/invento	г.				
			ee of record of the entire interest. See 37 CFR 3.71 attement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	\boxtimes	attorney or agent of	record Registration	Number 54,1	11		
		attorney or agent un	der 37 CFR 1.34(a).				
		Registration number if a	ting under 37 CFR 1.34(a).	·			
		Information on this i. Provide credit car			card information should not on PTO-2038.	be included	
	2/2	5/04		·	Cl C	70	
		Date			Signature		
					Chuan Gao, Reg. No. 54		
			•		Typed or printed n	ame	
		all the inventors or assigned required, see below*.	es of record of the entire inte	erest or their repres	sentative(s) are required. Submit mult	iple forms if more	
□ *Total		forms are submitted.					

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